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POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	To Be Assigned
Filing Date	Concurrent Herewith
First Named Inventor	REUFER, Christian et al.
Title	Method for the Anodic Alkoxylation of . . .
Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	032301.426

I hereby revoke all previous powers of attorney given in the above-identified application.**I hereby appoint:** Practitioners associated with the Customer Number:

25461

OR Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

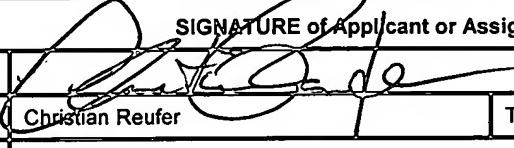
 The address associated with the above-mentioned Customer Number**OR** The address associated with Customer Number:**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	ZIP	
Country			
Telephone	Email		

I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	07/21/2005
Name	Christian Reufer	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Signature

Date

10/08/2005

Name

Thomas Lehmann

Telephone 0618159 3354

Title and Company

Dr. I Degnasa

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PTO/SB/81 (04-05)

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SIGNATURE of Applicant or Assignee of Record

Signature	Rainer Sanzenbacher	Date	07-18-2005
Name	Rainer Sanzenbacher	Telephone	
Title and Company			

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Signature		Date	07/22/05
Name	Christoph Weckbecker	Telephone	

Title and Company



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